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COUNTY BOROUGH OF WARRINGTON



ANNUAL REPORT

TO THE

EDUCATION COMMITTEE

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1965


ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer of Health and
Principal School Medical Officer*



HEALTH AND WELFARE DEPARTMENT, SANKEY STREET,
WARRINGTON



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HEALTH AND WELFARE DEPARTMENT, SANKEY STREET,
WARRINGTON

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SCHOOL MEDICAL SERVICE SUB-COMMITTEE

(As at 31st December, 1965)

Alderman E. MARSHALL, M.B.E., J.P. (Chairman)

Alderman J. CANON BARDSLEY, M.A., J.P.

Alderman H. GRAY, O.B.E., J.P.

Alderman H. HARDING

Alderman Mrs. M. HARDMAN

Alderman P. MARTIN, J.P.

Councillor B. S. ARNOLD, J.P. (Mayor)

Councillor R. G. CROCKER

Councillor Mrs. A. L. HINDLE

Councillor G. R. MYLES

Rev. J. A. CUNNINGHAM, O.S.B.

Rev. J. RUSSELL

Ex-Officio :

Councillor G. E. COOPER, J.P.
(Chairman of the Education Committee)

Rev. CANON E. DOWNHAM, B.A.
(Deputy-Chairman of the Education Committee)

Chief Education Officer : H. M. PHILLIPSON, M.A.

STAFF

(As at 31st December, 1965)

Principal School Medical Officer :

ERIC H. MOORE, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer :

ANGELA MANNING, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H.

School Medical Officers :

MARY GRAHAM, M.B., Ch.B., D.P.H.

THOMAS F. LEONARD, M.B., Ch.B., D.P.H.

WILLIAM G. CHARLESWORTH, M.B., Ch.B. D.P.H.

Principal School Dental Officer :

A. P. FINLAY, L.D.S., R.F.P.S.(Glas.)

School Dental Officers :

Mrs. P. E. LAWTON, L.D.S., V.U. (Manc.)

Mr. J. HULL, L.D.S., R.C.S., (Eng.)

Mr. C. H. TAYLOR, B.D.S., (L'pool.), (Part-time).

Mr. K. MATSON, L.D.S., R.C.S., (Eng.), (Part-time).

Dental Auxiliary :

Mrs. HEATHER GIBSON

Educational Psychologist :

Mrs. C. M. RIVETT, B.A.(Lond.), M.A.(Manc.), Post-graduate
Certificate in Education (Lond.)

Superintendent Nursing Officer :

Miss A. N. AGAR, S.R.N., S.C.M., H.V.(Cert.)

Ear, Nose and Throat Clinic :

P. O'BRIEN, M.D.

Visiting Consultants :

Ophthalmic : SYDNEY B. SMITH, M.R.C.S., L.R.C.P., D.O.M.S.(R.C.P. & S.)

Child Psychiatrist : Dr. I. BERMAN, M.B., Ch.B., D.P.M.

SCHOOL CLINICS

A. PROVIDED BY LOCAL EDUCATION AUTHORITY

INSPECTION CLINIC

Mon., Wed., Fri., Examination of cases referred by Teachers,
9-0 a.m. to 9-45 a.m. Education Welfare Officers, School
 Nurses, etc.

MINOR AILMENTS CLINIC

Garven Place Clinic
Monday to Friday Treatment of contagious diseases of the
9-0 a.m. to 9-45 a.m. skin, eyes, etc.
Saturday Vaccination and immunisation.
9-30 a.m. to 11-30 a.m.

Orford Health Centre
Monday and Wednesday 9-0 a.m. to 9-30 a.m.

DENTAL CLINIC

Monday to Friday Dental treatment (including orthodontic
(by appointment) treatment)
Daily 9-20 a.m. to Emergency treatment.
10 a.m.

EAR, NOSE AND THROAT CLINIC

Examinations : Alternate Mondays 2-0 p.m. (by appointment).
Out-Patient treatment : Daily (by appointment).
Operations are performed at the Warrington General Hospital on
Tuesday, Wednesday and Thursday mornings.

CHILD GUIDANCE CENTRE

Child Psychiatrist (Monday a.m. and Wednesday p.m. — by
appointment).
Educational Psychologist (Daily by appointment).

CHIROPODY SERVICE

Cases seen by appointment.

B. PROVIDED BY REGIONAL HOSPITAL BOARD

PÆDIATRIC CLINIC (Warrington General Hospital)

Monday a.m., Tuesday a.m., Wednesday p.m. (by appointment)

ORTHOPÆDIC CLINIC (Warrington General Hospital)

Examinations—Every fourth Tuesday, 10-0 a.m.

Treatment :

Friday Treatment of postural and crippling defects,
9-30 a.m. to 11 a.m. etc.

OPHTHALMIC CLINIC (Warrington General Hospital)

Monday, 1-30 p.m. Examination and treatment of errors of
Friday, 9-30 a.m. refraction and squint.
(by appointment)

ORTHOPTIC CLINIC (Warrington General Hospital)

Monday, 9-0 a.m. to 4-30 p.m. }
Friday, 9-0 a.m. to 4-30 p.m. } Treatment of cases of squint.



To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my Annual Report on the work of the School Health Service.

The basic principle of the School Health Service is the routine medical inspection and, as for several years past, we have used selective medical examinations between a thorough entrant and leaver examination. Examination of the number of defects found and the type of defect shows remarkably little change from the findings before we embarked on selective medical examinations. It is sometimes maintained that routine examinations at an intermediate age group should be retained lest defects were missed, but I have no reason to believe that any more defects are overlooked with the selective method than were with the routine, but certainly selective examination provides a more interesting service for those working in it, and I am sure this must produce better clinical standards.

On the medical side staffing has been adequate during the year, but I am rather concerned at the reducing number of health visitors and, therefore, of school nurses in the Department, due entirely to failure to replace those who leave for various reasons. Students are not forthcoming in the same quantity as previously and the higher educational standard required for acceptance for health visitor training is accentuating the difficulty. If the present decline in staff continues we will be forced to the position which existed 15 years ago where separate nurses were employed for school nursing work. I would regard this as a most retrograde step, but it seems to be inevitable.

Details of the various types of clinical work undertaken are recorded in the body of the report and call for no special comment.

The report of the Principal Dental Officer describes his staffing problems. Due to the great efforts he has made we have been fortunate, in recent years, in having an adequate staff of Dental Officers, but this has not been attained without great difficulty and the position is always uncertain. It is greatly to be regretted that though the Health Committee several years ago expressed strongly in favour of fluoridation of water supplies, it has not been possible for this to be carried out in Warrington owing to the attitude of certain other authorities who receive their supplies from the same undertaking. It is essential that all possible measures should be undertaken to make children's teeth less susceptible to decay, and the shortage of Dental Officers makes these measures even more urgent, and it is, therefore, hoped that measures may be taken which will allow this benefit to be conferred upon the children of the town.

Co-operation between the School Health Service, the Hospital Service and the General Practitioner Service has been good, and I am very grateful for the good will and assistance received from other branches of the medical service and from other Departments of the Corporation. The close liaison which exists between the School Health Service and Education Department has made for very smooth working. I am grateful to the Chairman and members of the School Medical Service Sub-Committee for their continued interest and support, without which it would be impossible to maintain an efficient service.

I have the honour to be,

Your obedient Servant,

ERIC H. MOORE,

Principal School Medical Officer.

THE SERVICE

The service continued to operate on the same lines as in the previous year and selective medical inspection has continued to prove satisfactory. The service aims primarily at the ascertainment of handicaps and recommending appropriate educational treatment most suited to the child. The attachment of a school medical officer to specified schools with periodic informal visiting has continued.

The co-operation between all branches of the National Health Service has remained excellent and I am very grateful for the ready co-operation received from general practitioners and hospital staff.

MEDICAL INSPECTION

The system of inspecting routinely only entrants and leavers was continued, the gap between being covered by the visits of school medical officers to the schools to which they are attached.

The statistics of medical inspection are contained in Table 'A' and 'B' of Parts I and II of the Appendix.

Special medical examinations were carried out at the request of teachers, school nurses, parents and other bodies when children were suspected of needing medical or other educational treatment. Special examinations were also carried out on 240 children to ascertain their fitness for employment and 1 was found to be unfit.

EAR, NOSE AND THROAT CLINIC

This Clinic continued under the charge of Dr. O'Brien, a visiting General Practitioner, with special experience in Ear, Nose and Throat conditions. To this clinic are referred cases which have shown two failures on audiometric testing.

AUDIOMETRY

Routine audiometric examinations are carried out on all school entrants, and on all children suspected of defective hearing. Preliminary testing is carried out in schools, but failures are re-tested at the clinic, double failures being referred to the Ear, Nose and Throat Consultant at his Special Clinic, and in special cases, to the Department for the Deaf of the University of Manchester.

A nurse is employed part-time on this work. The table below gives details of tests carried out, and the disposal of the cases where a double failure was recorded.

Audiometric Tests

Primary Tests					
Number of schools visited	...	...	...	...	50
Number of group tests	...	...	...	...	142
Number of children tested	...	...	...	...	2388
Number of Primary failures	...	...	...	...	244
Secondary Tests					
Number of group tests	...	...	...	...	81
Number of children tested	...	...	...	...	368
Number of double failures	...	...	...	...	233
Disposal of Cases					
Nothing abnormal found after treatment	...	...	...	...	19
Receiving treatment	...	...	...	...	48
Referred for operative treatment	...	...	...	...	66
Treatment not beneficial	...	...	...	...	3
Still receiving treatment (from previous years) or investigation	...	...	...	...	32
Treatment refused	...	...	...	...	1

ENURESIS CLINIC

This Clinic, for persistent bed-wetters, was started nearly six years ago, and is now regarded as a well-established part of the services.

Referrals come from School Medical Officers, School Nurses and General Practitioners. Each patient is examined by the Medical Officer responsible for the Clinic and suitable cases are issued with a bell-alarm and two sets of foils, together with instructions for their use.

Each case is kept under observation during the period of treatment. The success of the treatment depends on the co-operation of the patient and of the parents.

39 new cases were treated during 1965, and of these, treatment in 21 was regarded as successful.

TREATMENT

A minor ailments clinic is held each morning to which teachers may refer children. Cases may also be sent by parents and general practitioners. The types of defects referred are usually in need of nursing attention. 686 children attended the clinic in 1965.

The arrangements for the treatment of visual defects continued through the hospital service as in previous years, except when parents wish otherwise. The statistics will be found in Table 'A', Part III of the Appendix. 255 schoolchildren and 225 pre-schoolchildren were the recorded attendances at the Orthoptic Clinic at Warrington General Hospital in respect of Borough children.

A special clinic is held to which Ear, Nose and Throat cases are referred for Consultant advice. During the year 394 attendances were made which included 104 new cases. Many children are also referred by general practitioners to the hospital service for E.N.T. treatment.

Orthopædic problems are referred to the hospital service.

General medical problems are referred to the Pædiatric Out-Patient Clinic, and considerable assistance is received in the reports of the Consultant Pædiatrician.

SPEECH THERAPY CLINIC

Patients with speech disorders stemming from a wide variety of causes attend the Speech Therapy Clinic. These causes include hearing loss of various types, cleft palates and dental abnormalities, neuro-muscular disorders, and specific learning disorders which often affect both development of language and the acquisition of the skills of reading and writing. Stammering and various types of articulation defects arise from innumerable other factors in the child's environment, and his mental and emotional development.

Apart from a lapse during the school holidays, attendance for speech therapy during 1965 was good. Nine sessions each week are taken up with patients attending for regular therapy, and one session is left for interviewing new cases and for visiting schools, thus maintaining valuable contact with the head teachers and others who are concerned with each patient.

The acquisition of an Amplivox Speech Training Hearing Aid in April has proved invaluable in the treatment of patients with any hearing defect. The increased clarity which this instrument gives to speech has also proved beneficial in the treatment of children with lower intelligence.

Students from the School of Speech Therapy in Manchester have attended the Clinic for some sessions each week to observe the treatment of patients. The students also treat suitable cases under supervision.

No. of new patients seen	....	....	....	....	....	47
No. of patients accepted for regular treatment	....	....				37
No. of new patients placed under observation	....	....				7
No. of new patients not requiring treatment	....	....				3
No. of patients discharged	....	....	....	....	....	65
Treatment complete	....	....	....	....	....	26
Not suitable for further treatment	....	....	....	....	....	2
Observation no longer required	....	....	....	....	....	22
Refused treatment	....	....	....	....	....	2
Non-attenders	....	....	....	....	....	13
No. of cases receiving regular treatment on the 31st December, 1965	....	....	....	....	....	46
No. of cases under observation	....	....	....	....	....	20
Total number of attendances during the year	....	....				1665

THE WORK OF THE SCHOOL NURSES

School nurses are allocated certain schools for which they are responsible to a School Medical Officer, each School Medical Officer thus being able to give special attention to a group of schools and also being able to consider the cases referred by the School Nurses of the particular group of schools. By this arrangement a closer degree of co-operation between Head Teacher, School Medical Officer and School Nurse is possible which is greatly to the benefit of pupils.

A cleanliness inspection of all children is carried out in every school each term. The school nurse endeavours to complete this inspection as early in the term as possible. Each child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Any unsatisfactory condition is dealt with and followed up on subsequent visits to the school. Where necessary, domiciliary visits are made to effect a remedy.

A nurse accompanies the medical officer on all routine medical inspections. Her duties include the weighing and measuring of children, vision testing, and the preparation of the children for examination. In addition, she prepares the children for immunisation where necessary, and obtains any information required from the teachers regarding the health of the children to be examined and of any other children whom the teacher may wish to bring to the notice of the medical officer. The school nurses carry out routine vision testing on all schoolchildren in alternate years. The testing is done by classes in schools. School nurses also give lectures on selected subjects of Health Education at the request of Head Teachers.

At the clinic, the nurse is engaged in the treatment of the children for minor ailments and disinfestation.

In the cases of uncleanness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 33 cases. It was necessary to issue 1 Cleansing Order for the compulsory cleansing of a child at the cleansing station. No prosecutions were necessary in the year under review.

Some brief details of the work carried out by the school nurses are given below :—

	1964	1965
Visits to homes of children (in many cases assisting with treatment)	215	233
Attendance at medical inspections in schools ...	259	193
Visits to schools for cleanliness inspections and re-inspections	464	460
Number of cases of uncleanness treated at the school clinic	111	77
Number of attendances of uncleanness cases at the school clinic	332	180

CHILD GUIDANCE CLINIC

The statistics for the year under review are as follows :

No. of clinic sessions held	...	...	...	62
No. of new cases	...	...	...	40
Total number of interviews (new and old cases)				190
No. of children who received in-patient treatment	...	...	...	7
No. of closed cases	...	...	...	30

From whom referred : *New Cases :*

School Medical Officers	...	...	...	10
Educational Psychologist	...	...	...	3
Consultant Paediatrician	...	...	...	17
General Practitioners	...	...	...	7
Miscellaneous	...	...	...	3

The Consultant Service at the Clinic was provided by Dr. Berman at two sessions per week by arrangement with the Liverpool Regional Hospital Board, and I am most grateful for the co-operation which we have received from this service throughout the year.

THE WORK OF THE EDUCATIONAL PSYCHOLOGIST

The School Psychological Service forms part of the School Health Service and provides means of assessing backward or mildly maladjusted children in the early stages of their difficulties. It is available for children between the ages of two and eighteen years referred by school medical officers, head teachers, or consultants. Methods used are discussion of the problem followed by intelligence tests in school, or at the Centre where equipment permits the detection of some handicaps, and the understanding of personality-reactions. The Service supports the work of the psychiatrist with emotionally disturbed children, who usually are of average or of above average intelligence yet often educationally retarded. A child of higher capacity but with a severe disability in reading, or from a background of domestic disharmony, may make a neurotic panic response to school, and even achieve less than a mentally handicapped child with no special scholastic difficulty. Because to be understood by teacher is an essential step both to improved social relationships and to school progress, the child is helped to adjust to learning-situations in their broadest sense. In the light of test results, and after an interview with the parents, the head teacher is advised and necessary action is taken by school doctors. The "Service" is based on the present-day wider concept of child welfare. The parent or foster parent may visit the Centre for supportive advice or else the assistance of a school nurse, an educational welfare officer or a child care officer may be requested.

A summary of the work of the Centre during 1965 is set out below, and we acknowledge good co-operation on the part of other social workers.

New cases undertaken	....	....	....	....	157
Referred by School Medical Officers	....	....	....	....	9
Referred by Head Teachers	....	....	....	....	129
Referred by Consultant Psychiatrist	....	....	....	....	12
Referred by Speech Therapist	....	....	....	....	1
Other sources	....	....	....	....	6
Additional tests	....	....	....	....	39
Retests	....	....	....	....	36
Total number of tests administered	....	....	....	....	229
Return visits of old cases	....	....	....	....	136
No. of visits paid to schools	....	....	....	....	92
No. of cases dealt with in schools	....	....	....	...	368

REFERRALS FOR DIAGNOSIS

These should be made at an early age, but for appropriate reasons. For example, it is found that many unsettled infants do adjust in the second term in school, and the obstacles of some poor readers can be located by teachers themselves using appropriate tests; those of Schonell, Daniels and Diack, or Neale are therefore demonstrated, as necessity arises.

During the year several truants have become more regular attenders. We appear to have dealt with fewer cases of stealing and destructiveness and this may be due to the work of the Child Liaison and Probation Officers. A separate clinic exists for enuretics, who may or may not be referred for assessment or for child guidance.

Age range of children interviewed (Total 157)

Ages	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15
Year of birth	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950
Number ...	5	30	32	26	18	10	20	13	1	1	1

The psychologist visits schools routinely and by request to test children, to discuss books, journals or apparatus connected with the basic subjects, or to give an occasional talk to staff. This year two leaflets were prepared for use of teachers, one on “ Perceptual Handicaps in Young Children ” and one “ Helping Backward Readers ”. At the request of the Principal of Padgate College of Education, the psychologist addressed second-year students on the subject of dyslexia. We have extended a welcome to visiting doctors and to teachers or social workers in training wishing to see the clinic in action.

INTELLECTUAL HANDICAP

We now review with head teachers the situation of those children within Junior schools who earlier made low scores on the group Carlton Test and those Senior scholars whose failure in the verbal reasoning test (taken by the top classes of Junior Schools) suggests need for special educational treatment. A dull child who is seen by a school medical officer receives two spaced individual tests, and the extent of his retardation in reading and number is also investigated before education in a Day Special School is recommended. A vacancy for a remedial teacher has not yet been filled, but several schools offer some special educational treatment in a small class. Continuity of education is maintained from the level of the Junior Training Centre through the Day Special School and on to the ordinary schools by estimating every year the progress of children considered borderline cases.

I.Q. range of children tested on Terman-Merrill Scale (Total 157) :

I.Q. Range	Below 55	56-70	71-85	86-95	96-105	106- 115	Over 115	Total
Boys ...	3	13	53	26	11	3	3	112
Girls ...	3	11	22	6	1	2	0	45

No social worker is attached to the Centre, but a psychologist who is a trained teacher speaks a common language with school staffs and with the psychiatrist, and so can extend, from the Clinic into the school, those techniques which will serve the child. Although this is not psychotherapy, it is a form of treatment and it does modify behaviour-disturbance in the pupil. Since, as the child grows, habits and attitudes tend to crystallize, early referral offers better hope of success for any measures taken. The Centre always has a waiting list.

HANDICAPPED PUPILS

NUMBERS OF HANDICAPPED PUPILS

The following table gives the numbers of pupils on the Handicapped Pupils' Register on the 31st December, 1965, together with the numbers ascertained during the year.

Classification	No. ascertained during year	Total ascertained at 31.12.65
Partially-sighted	1	2
Deaf	—	6
Partially-hearing	1	5
Delicate	4	8
Physically-handicapped ...	1	10
Educationally sub-normal	32	208
Maladjusted	1	3
Epileptic	—	1
Totals	40	243

PROVISION OF SPECIAL EDUCATION

The table below gives details of the numbers of pupils for whom special educational facilities have been provided.

Classification	Attending special school as		Receiving education under arrangements made under Section 56 of Education Act, 1944		Total
	Day Pupils	Boarders	In Hospital	At Home	
Partially Sighted	—	1	—	—	1
Deaf	—	6	—	—	6
Partially-hearing	—	3	—	—	3
Delicate	—	2	2	2	6
Physically- handicapped...	—	6	2	4	12
Educationally sub-normal ...	174	13	—	—	187
Maladjusted ...	—	1	—	—	1
Epileptic	—	1	—	—	1
Totals	174	33	4	6	217

The following handicapped pupils requiring special educational provision are still unplaced :—

Partially Sighted	...	...	...	1
Partially Hearing	...	...	...	2
Delicate	...	...	...	4
Educationally sub-normal	...	...		21
Maladjusted	...	...	...	2

EDUCATIONALLY SUB-NORMAL PUPILS

There are 208 pupils ascertained as educationally sub-normal of whom 13 are in special residential schools. The needs of the majority of the others are met in the day special school.

In addition a number of children have been ascertained in this category who, although not requiring accommodation in special schools, do require special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year 66 children were tested, with the following results :—

Suitable for special (day) schools	...	...	31
Suitable for special (residential) schools	...		1
No action necessary	...	...	17
Reported to the Local Health Authority under Section 57, Education Act, 1944, as amended by Mental Health Act, 1959	...	...	5
No action taken—to be retested later	...	...	12
Total	...	...	66

There are at present 208 children in this category, 21 of whom are awaiting special educational treatment.

CHILDREN RECEIVING HOME TUITION

On the 31st December, 1965, there were 6 handicapped pupils on the home teacher's register. Of these, 4 were physically handicapped, and 2 were delicate.

INFECTIOUS DISEASES AND IMMUNISATION

INFECTIOUS DISEASES

The notifiable diseases occurring among schoolchildren and notified to the Medical Officer of Health were as follows :—

					1964	1965
Tuberculosis (respiratory)	...	...			—	2
Tuberculosis (non-respiratory)	...	...			1	—
Scarlet Fever	...	...	...	...	30	37
Whooping Cough	...	...	...		24	—
Measles	...	...	...	...	285	236
Pneumonia	...	...	...	...	11	2
Meningococcal Infection	...	...			1	1
Totals	...	...	...	...	<u>352</u>	<u>278</u>

IMMUNISATION

Special efforts are made to secure complete immunisation of schoolchildren at the time of the entrant examinations and the necessary ' booster ' injections are given in school as required.

Diphtheria : The number of children immunised during the year at school and at the clinic was as follows :—

Primary Courses	...	...	...	197
Secondary (Reinforcement)	...	...		1274
Total	...	...	...	<u>1471</u>

Poliomyelitis: The number of schoolchildren immunised during the year was as follows :—

Oral Vaccine:

Completed Course (1st, 2nd, 3rd)	....	309
Booster	....	655

A total of 1,582 doses of oral vaccine were thus given to schoolchildren during the year.

B.C.G. : Vaccination is available to all children in the 13 year old group.

No. of Mantoux Tests performed	...	921
,, Mantoux Tests negative .	...	865
,, B.C.G. vaccinations performed in school	... ..	865
Acceptance Rate...	... ..	80.92%

ANCILLARY SERVICES

NURSERY CLASSES

Children attending the nursery classes at the infants' schools are examined every year. Details of the examinations will be found under the heading "Periodic Medical Inspections" in Part I, Table 'A', in the Appendix. 143 children were examined during the year.

These children are also examined by the dental officers as part of the routine dental inspections of the infants' schools.

All the facilities of the school health service are available to nursery children. Particulars of treatment are included in the various treatment tables in this report.

The school nurses also visit the nursery classes when carrying out their cleanliness inspections. Statistics are included in the appropriate tables.

PROVISION OF MILK AND MEALS

Milk: Arrangements for the supply of milk in one-third pint bottles under the Milk in Schools Scheme continued on the same lines as in previous years.

Meals: The Education Committee had fifteen School Kitchens supplying meals to schools throughout the year. Mid-day meals were served in all the schools, and were supplied to the Junior Training Centre. There was again an increased demand for meals. The charge continued to be 6d. per day for the children attending special schools, and 1/- per day for children at other schools. Free meals were supplied to the children of parents whose income was within the national scale.

The following table shows the average number of meals supplied per day during the year 1965:

Average No. of pupils on Roll	Received free meals	Received meals for payment	Total	Percentage of pupils re- ceiving meals
12,581	621	6,294	6,915	54.9%

During the week ending 8th October, 1965, 36,065 children's meals were supplied. This figure was the highest recorded figure of children's meals served in any week since the commencement of the School Meals Service in Warrington, and represented 57.88%.

PHYSICAL EDUCATION

Physical Education with its ever widening field of interests and activities is attracting an increasing number of participants each year.

In the schools the programme of physical activities supported provides for the widest possible variety of interests and capabilities by a plentiful supply of apparatus and equipment of all kinds.

The Warrington Teachers Sports Association again provided an extensive programme of inter-town and inter-school competitions in the major games, swimming and athletics. The work of the Association was greatly assisted by further improvements in facilities.

The Swimming Scheme for Warrington schoolchildren maintained its popularity and value. Successful results were achieved in the Royal Life Saving Society's Examinations, The Liverpool Shipwreck and Humane Society's Examinations and in non-swimmers tests.

Evening classes at the Borough Gymnasium and other centres including Youth Organisations attracted a most satisfactory number of young people throughout the year and the Borough Gymnasium was used for many special events by local and county organisations.

The Authority's provision of premises, equipment and specialist teachers covering a complete range of physical activities showed excellent results.

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

by A. P. FINLAY, L.D.S., R.F.P.S.

As a Scot, I hope I may be forgiven if I use an Irishism to describe the year 1965, as being one of the most pleasing and disappointing years during my 10 years in Warrington. Last year I said that the future was brighter than it had been for some years past, and from a work point of view this confidence has been amply justified. But how nice it would be to start off a New Year in the knowledge that, barring unforeseen circumstances, the end of the year will have produced no diminution of staff. Constant staff changes are bad for any business organisation, and this I feel is doubly true in children's dentistry where continuity of treatment is so important. However staff changes have been with us for so long now that I'm afraid it has come to be looked upon as normal in the School Dental Service. At the beginning of the year we were happy to welcome Mr. Hull as a full-time Dental Officer and he has proved himself to be a capable and enthusiastic officer contributing greatly to a successful year. It was, therefore, a great personal disappointment to me to receive his resignation at the end of the year in order to take up the more lucrative career of private practice. Whether we shall be able to fill this vacancy, time alone will tell. Then in April we lost the services of one of our part-time Dental Officers, Mrs. Goff, who left in order to take up residence in Worcestershire. Mrs. Goff had been with us for 16 months and was popular with staff and patients alike, and so her leaving was a loss to the service. Mrs. Johnston was appointed in a part-time capacity in April, but resigned for health reasons in July, and then in September, the entirely unexpected happened in the resignation of Mr. J. Angelman, our part-time Orthodontist. Mr. Angelman had joined us in 1959 when we moved into our new clinic, and so he had become, as I thought, "a fixture". However, he left us at the end of September in order to give the Dental Estimates Board at Eastbourne the benefit of his knowledge. As I have constantly emphasised in Annual Reports, Orthodontics is now a very important part of our Dental Service, and so the dropping of it, or even any curtailment of it, would have been nothing short of a tragedy. However, I'm very pleased to say we have been fortunate in ensuring the continuance of Orthodontic treatment by the appointment of a new part-time Orthodontist who will commence her duties early in the year. A new part-time Dental Officer in the person of Mr. Matson joined us in October, thus completing the staff changes to date.

The table giving the details of dental inspection and treatment carried out will be seen to differ considerably in its presentation this year from that of other years, and although at first glance it may appear to be more complicated, it is really much more informative. The reason for the change is that the Ministry of Education and Science now require to have returns in certain age groups in order to have comparisons made with the same age groups in General Dental Services. It will be seen under "Attendances and Treatment" that a majority of our patients come from the youngest age group, i.e., 5-9 years; and it may also be seen under the same heading that the number of fillings in deciduous teeth of the same age group was 1063. This figure shows an increase of 551 over the previous year and is in no small measure attributable to the efforts of our Dental Auxiliary, Mrs. H. Gibson, who completed her first 12 months with us in December. This is painstaking and time consuming work to which this young lady is eminently suited. With her talks and demonstrations on Dental Health Education, Mrs. Gibson has

proved herself to be a very valuable addition to the staff. Coming down the table to "Orthodontics," it will be seen that the number of new cases commenced during the year was 101, or exactly 50 more than the previous year; cases completed was 60, or more than double the previous year; and the number of appliances fitted was 128, or 56 more than the previous year; all of which will serve to underline my relief at being able to continue with this branch of the service. Just a point of interest on the question of "do children feel embarrassed at wearing orthodontic appliances?" One girl recently returned shortly after completion of treatment and asked if she may have her appliance back as "she felt lost without it!"

The overall average acceptance rate this year showed a slight decline. Infants as always led with 75%, Juniors 74%, and then Seniors with 59%, giving an overall rate of 72% as compared with 75% last year.

Once again I am very grateful to all the members of my staff for contributing to what I consider was a very good year; and as usual I offer my sincere thanks to all the members of the Health and Welfare Department, both professional and clerical, without whose help at times life would be just that little bit more difficult.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1965

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1966, as in Forms 7, 7M, 8B and 11 Schools 12,599

ATTENDANCES & TREATMENT

	Ages 5 to 9		Ages 10 to 14		Ages 15 & over		Total
First Visit	1	2307	12	1882	23	474	4663
Subsequent visits	2	1741	13	2335	24	656	4732
Total visits		4048		4217		1130	9395
Additional courses of treatment commenced	3	178	14	212	25	48	438
Fillings in permanent teeth	4	2038	15	3840	26	1293	7171
Fillings in deciduous teeth	5	1063	16	76	—	—	1139
Permanent teeth filled	6	1599	17	3340	27	1175	6114
Deciduous teeth filled	7	928	18	65	—	—	993
Permanent teeth extracted	8	247	19	1115	28	338	1700
Deciduous teeth extracted	9	3104	20	726	—	—	3830
General anaesthetics	10	1557	21	888	29	145	2590
Emergencies	11	834	22	359	30	75	1268

Number of Pupils X-rayed	31	107
Prophylaxis	32	636
Teeth otherwise conserved	33	105
Number of teeth root filled	34	57
Inlays	35	1
Crowns	36	26
Courses of treatment completed	37	4095

ORTHODONTICS

Cases remaining from previous year		89
New cases commenced during year	38	101
Cases completed during year	39	60
Cases discontinued during year	40	11
No. of removable appliances fitted	41	126
No. of fixed appliances fitted	42	2
Pupils referred to Hospital Consultant	43	Nil

PROSTHETICS

	5 to 9		10 to 14		15 & over		Total
Pupils supplied with F.U. or F.L. (first time)	44	Nil	47	1	50	5	6
Pupils supplied with other dentures (first time)	45	4	48	23	51	12	39
Number of dentures supplied	46	4	49	24	52	18	46

ANAESTHETICS General Anaesthetics administered by Dental Officers	53	2590
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INSPECTIONS

(a) First inspection at School. Number of Pupils	A	8084
(b) First inspection at Clinic. Number of Pupils	B	1608
Number of (a) + (b) found to require treatment	C	7274
Number of (a) + (b) offered treatment	D	6194
(c) Pupils re-inspected at school clinic	E	252
Number of (c) found to require treatment	F	190

SESSIONS

Sessions devoted to treatment	X	1648
Sessions devoted to inspection	Y	67
Sessions devoted to Dental Health Education	Z	65

APPENDIX

DEPARTMENT OF EDUCATION AND SCIENCE

Medical Inspection Returns

Year ended 31st December, 1965

PART I—Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a *medical examination
		Satisfac-tory No.	Unsatisfac-tory No.	
1	2	3	4	5
1961 and later	136	135	1	—
1960	459	459	—	—
1959	639	639	—	—
1958	50	50	—	—
1957	10	10	—	—
1956	7	7	—	—
1955	17	16	1	846
1954	20	20	—	—
1953	19	19	—	—
1952	28	28	—	—
1951	559	559	—	—
1950 and earlier	625	625	—	—
TOTALS ...	2569	2567	2	846

Col. (3) total as a percentage of Col. (2) total 99.92%

Col. (4) total as a percentage of Col (2) total 0.08%

*In column (5) is the number of pupils who have been “ interviewed ” or “ discussed ” at case conferences and found not to warrant a medical examination, selective medical examinations being carried out.

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

NOTES: Pupils found at Periodic Inspections to require treatment for a defect are not excluded from Table B by reason of the fact that they were already under treatment for that defect.

Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (By year of birth) 1	For defective vision (excluding squint) 2	For any of the other conditions recorded in Part II 3	Total individual pupils 4
1961 and later	—	8	7
1960	—	24	24
1959	—	31	31
1958	—	2	2
1957	—	—	—
1956	1	—	1
1955	—	—	—
1954	—	5	4
1953	3	—	3
1952	3	1	4
1951	34	20	54
1950 and earlier	35	21	55
TOTALS ...	76	112	185

TABLE C.—OTHER INSPECTIONS

NOTES : A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	343
Number of Re-inspections	...	...	...	430
Total	...	...	...	773

TABLE D.—INFESTATION WITH VERMIN

NOTES : All cases of infestation, however slight, should be included in Table D.

The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	21493
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(b) Total number of individual pupils found to be infested	998
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	33
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	1

PART II—Defects found by Medical Inspection during the year.

TABLE A.—PERIODIC INSPECTIONS

NOTE: All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
1	2	3	4	5	6	7	8	9	10
4	Skin	4	8	10	1	2	6	16	15
5	Eyes (a) Vision ...	—	3	68	7	8	8	76	18
	(b) Squint ...	4	9	1	—	3	2	8	11
	(c) Other ...	—	3	3	1	—	3	3	7
6	Ears (a) Hearing ...	3	17	6	2	5	7	14	26
	(b) OtitisMedia ...	—	18	2	1	2	10	4	29
	(c) Other ...	—	—	—	—	—	6	—	6
7	Nose and Throat ...	18	56	1	1	6	30	25	87
8	Speech	4	11	—	—	1	6	5	17
9	Lymphatic Glands .	1	9	—	1	—	5	1	15
10	Heart	3	14	1	3	3	20	7	37
11	Lungs	1	8	1	6	1	12	3	56
12	Developmental :								
	(a) Hernia ...	—	3	2	2	1	3	3	8
	(b) Other ...	4	53	1	5	—	31	5	89
13	Orthopædic :								
	(a) Posture ...	—	2	1	1	—	2	1	5
	(b) Feet	3	81	5	4	1	26	9	111
	(c) Other ...	1	39	4	—	1	33	6	72
14	Nervous System :								
	(a) Epilepsy ...	—	1	—	1	—	1	—	3
	(b) Other ...	—	9	—	—	—	8	—	17
15	Psychological :								
	(a) Development.	—	22	—	—	—	3	—	25
	(b) Stability ...	—	30	—	—	—	1	—	31
16	Abdomen	—	—	—	—	—	—	—	—
17	Other	2	16	—	1	—	11	2	28

TABLE B—SPECIAL INSPECTIONS

NOTE : All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	465	4
5	Eyes (a) Vision	209	23
	(b) Squint	—	5
	(c) Other	5	—
6	Ears (a) Hearing	11	4
	(b) Otitis Media	5	3
	(c) Other	15	1
7	Nose and Throat	8	24
8	Speech	3	11
9	Lymphatic Glands	—	2
10	Heart	2	19
11	Lungs	2	27
12	Developmental :		
	(a) Hernia	—	1
	(b) Other	2	33
13	Orthopædic :		
	(a) Posture	—	1
	(b) Feet	14	28
	(c) Other	12	33
14	Nervous System :		
	(a) Epilepsy	—	1
	(b) Other	—	8
15	Psychological :		
	(a) Development	3	1
	(b) Stability	20	15
16	Abdomen	—	—
17	Other	58	15

PART III—Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools).

N.B. : This part of the return gives the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff.
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	3
Errors of refraction (including squint) ...	892
TOTAL	895
Number of pupils for whom spectacles were prescribed	454

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment :	
(a) for diseases of the ear	35
(b) for adenoids and chronic tonsillitis ...	159
(c) for other nose and throat conditions ...	38
Received other forms of treatment ...	133
TOTAL	365
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1965	1
(b) in previous years	14

TABLE C.—ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	335
(b) Pupils treated at school for postural defects	—
TOTAL	335

TABLE D.—DISEASES OF THE SKIN

(excluding uncleanness, for which see Table D of Part I)

						Number of cases known to have been treated
Ringworm (a) Scalp	...	...	...			—
(b) Body	...	...	...			—
Scabies	...	...	...	...	...	2
Impetigo	...	...	...	...	...	5
Other skin diseases	...	...	...	...	...	633
TOTAL	...	...	...	...	...	640

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	74

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ...	145

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ...	42
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	5
(c) Pupils who received B.C.G. vaccination	865
(d) Other than (a), (b) and (c) above. Please specify :	
GENERAL MEDICAL ...	32
GENERAL SURGICAL ...	62
TOTAL (a)—(d) ...	1006

PART IV.

TABLE H.—HEIGHT

	Age	No. Examined 1965	1962 ft. ins.	1963 ft. ins.	1964 ft. ins.	1965 ft. ins.
BOYS						
Entrants	4	—	—	—	3 4	—
	5	163	3 6	3 6 ³ / ₄	3 6	3 5 ³ / ₄
	6	332	3 7 ¹ / ₂	3 7 ¹ / ₂	3 7	3 7 ¹ / ₂
	7	33	3 10 ¹ / ₂	3 11	3 9	3 9 ¹ / ₂
Second age Group	8	—	—	—	—	—
	10	—	—	—	—	—
	11	—	—	—	—	—
Third age Group ...	14	356	5 3	5 3	5 3	5 3
Other Periodic Inspections : (Nursery Classes)	3	—	3 2	3 0	3 2	—
	4	66	3 3 ¹ / ₂	3 3	3 3	3 3
	5	98	3 5 ¹ / ₄	3 4 ¹ / ₂	3 4	3 4 ¹ / ₄
GIRLS						
Entrants	4	—	—	—	—	—
	5	120	3 5 ³ / ₄	3 6 ¹ / ₄	3 5 ³ / ₄	3 5 ¹ / ₂
	6	289	3 7	3 7 ¹ / ₄	3 7	3 6 ³ / ₄
	7	24	3 9 ¹ / ₄	3 9	3 9 ¹ / ₂	3 9 ¹ / ₄
Second age Group	8	—	—	—	—	—
	10	—	—	—	—	—
	11	—	—	—	—	—
Third age Group ...	14	379	4 11 ¹ / ₂	5 1 ³ / ₄	5 1	5 1 ¹ / ₄
Other Periodic Inspections : (Nursery Classes)	3	—	3 5 ¹ / ₂	3 1	—	—
	4	48	3 2	3 3	3 2 ³ / ₄	3 2 ¹ / ₄
	5	98	3 4 ¹ / ₂	3 4	3 4	3 4

TABLE J.—WEIGHT

	Age	No. Examined 1965	1962 st. lb.	1963 st. lb.	1964 st. lb.	1965 st. lb.
BOYS						
Entrants	4	—	—	—	2 12	—
	5	163	2 12 $\frac{3}{4}$	2 13 $\frac{1}{2}$	2 12	2 12 $\frac{1}{4}$
	6	332	3 1	3 1 $\frac{3}{4}$	3 0 $\frac{3}{4}$	3 0 $\frac{3}{4}$
	7	33	3 6	3 9	3 5 $\frac{1}{2}$	3 4 $\frac{1}{4}$
Second age Group	8	—	—	—	—	—
	10	—	—	—	—	—
	11	—	—	—	—	—
Third age Group ...	14	356	8 0 $\frac{1}{4}$	7 12 $\frac{1}{4}$	7 12 $\frac{3}{4}$	7 13
Other Periodic Inspections : (Nursery Classes)	3	—	2 4 $\frac{1}{2}$	2 3	2 8 $\frac{1}{4}$	—
	4	66	2 8	2 8 $\frac{1}{4}$	2 7 $\frac{1}{2}$	2 6 $\frac{1}{2}$
	5	98	2 10 $\frac{3}{4}$	2 10	2 11	2 10 $\frac{1}{2}$
GIRLS						
Entrants	4	—	—	—	—	—
	5	120	2 11 $\frac{3}{4}$	2 11	2 11 $\frac{3}{4}$	2 11 $\frac{1}{2}$
	6	289	2 13 $\frac{3}{4}$	3 0	2 13 $\frac{1}{4}$	2 13 $\frac{1}{2}$
	7	—	3 5 $\frac{1}{4}$	3 4 $\frac{1}{4}$	3 5 $\frac{3}{4}$	3 5
Second age Group	8	—	—	—	—	—
	10	—	—	—	—	—
	11	—	—	—	—	—
Third age Group ...	14	379	7 12 $\frac{1}{4}$	7 11 $\frac{3}{4}$	8 0 $\frac{1}{4}$	7 11 $\frac{1}{4}$
Other Periodic Inspections : (Nursery Classes)	3	—	2 8 $\frac{1}{2}$	2 4	—	—
	4	48	2 5 $\frac{1}{2}$	2 7	2 6 $\frac{3}{4}$	2 7 $\frac{1}{2}$
	5	98	2 10	2 9 $\frac{1}{2}$	2 10	2 9 $\frac{1}{2}$

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY THE LOCAL
EDUCATION AUTHORITY TO THE LOCAL HEALTH AUTHORITY
DURING THE YEAR 1965

	Boys	Girls
Notified under Section 57 of the Education Act, 1944, as amended by the Mental Health Act, 1959	1	4



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